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RECEIVED
CENTRAL FAX CENTER

OCT 22 2004

PATENT, TRADEMARK
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

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Date: October 22, 2004

FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To: Examiner S. CHASE
Group Art Unit 2133, USPTO


From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 09/736,282
Attorney Docket No.: T&A-104

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
REPLY;
PETITION FOR THREE-MONTH EXTENSION OF TIME; AND
CREDIT CARD FORM INCLUDING \$980.00 IN PAYMENT
OF THREE-MONTH EXTENSION OF TIME FEE.


Daniel J. Stanger
Reg. No. 32,846

October 22, 2004

Date

Total Number of Pages (including cover sheet): 24

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FORM PTO-1083

PATENT

Case Docket No. T&A-104

**RECEIVED
CENTRAL FAX CENTER**In RE application of H. AOKI et al
Serial No.: 09/736,282

Group Art Unit: 2133

OCT 22 2004

Filed: December 15, 2000

Examiner: S. CHASE

For: METHOD OF TESTING MEMORY DEVICE, METHOD OF MANUFACTURING
MEMORY DEVICE, APPARATUS FOR TESTING MEMORY DEVICE, METHOD OF
TESTING MEMORY MODULE, METHOD OF MANUFACTURING MEMORY MODULE,Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)	(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	* 44	Minus	** 48	- 0
Indep.	- 9	Minus	*** 9	- 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 980.00 is attached in payment of:
CREDIT CARD FORM ATTACHED FOR 3 MTH EXT OF TIME.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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